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CONFIRMATION NO. 7216

<b>SERIAL NUMBER</b> 10/717,058	<b>FILING OR 371(c) DATE</b> 11/19/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 102-548 CIP/CON (P-4136P1)
<b>APPLICANTS</b> Hubert Jansen, Marburg-Michelbach, GERMANY; Samuel Gagnieux, Pont-de-Claix, FRANCE; <i>Two PS</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/838,032 04/19/2001 PAT 6,719,730 which is a CIP of 09/290,786 04/12/1999 PAT 6,319,233 which claims benefit of 60/082,221 04/17/1998 <i>Yes PS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None PS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/19/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Philip Gray</i> <i>PS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 30 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 32752				
<b>TITLE</b> Safety shield system for prefilled syringes				
<b>FILING FEE RECEIVED</b> 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	